

Serial No. 09/965,180

Patent  
Attorney Docket No.: 2001P17794US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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NOV 11 2005

Applicant: MANZARDO

Application Serial No.: 09/965,180

Filing Date: September 27, 2001

For: METHOD AND APPARATUS FOR  
PROVIDING BACK-UP  
CAPABILITY IN A  
COMMUNICATION SYSTEM

Group Art Unit: 2157

Examiner: Osman, Ramy M.

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Date of Trans.: November 11, 2005

Fax Number: 571-273-8300

No. of Pages: Ext (1) + RCE (2) = Total (3)

By: 

Jeanette L. Taplin

**REQUEST FOR CONTINUED EXAMINATION (RCE)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

**TIME REQUEST IS BEING MADE**

2. This request is being submitted:
- i. ☒ Prior to abandonment of the application.
  - ii. ☐ With payment of the issue fee
  - ☐ Prior to payment of issue fee
  - ☐ Issue fee has been paid but a petition under §1.313 has been granted
  - iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals & Interferences
  - iv. ☐ A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

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## ENCLOSURES

3. Enclosed herewith is/are:

- ☒ A Petition for Extension of Time for one (1) month(s).  
☒ Please enter the Amendment filed September 15, 2005.  
☐ Please enter the enclosed Preliminary Amendment.  
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449  
 and \_\_\_ references.  
☐ New arguments  
☐ New evidence in support of patentability  
☐ Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

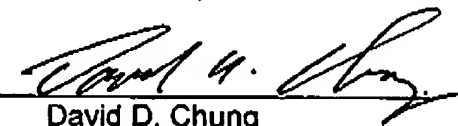
For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	26	-26	=0	x \$ 50	\$ 0.00
Indep. Claim	8	-8	=0	x \$200	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$300	\$ 0.00
				Basic Filing Fee	\$ 790.00
				Total	\$ 790.00

5. ☒ Please charge Deposit Account No. 19-2179 in the amount of **\$790.00**. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 10 Nov. 05

Respectfully submitted,

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